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# Clark County Regional Support Network Policy Statement

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**Policy No.:** CM30  
**Policy Title:** Mental Health Medicaid Personal Care Funds For Adults  
**Effective Date:** October 1, 2003

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**Policy:** The Clark County Regional Support Network (CCRSN) shall administer Mental Health Medicaid Personal Care from the Washington Prepaid Health Plan (PHP) for Medicaid-eligible adults who are actively receiving CCRSN funded outpatient services and meet the medical necessity criteria of the program. Mental Health Medicaid Personal Care Services are authorized as a last resort when consumer needs cannot be met by other CCRSN services.

Funds may only be requested by a Home and Community Services (HCS) worker on behalf of an individual consumer and must be based on a HCS care assessment. When payment for Mental Health Medicaid Personal Care is authorized, the CCRSN designated Care Manager shall be responsible for monitoring ongoing financial and clinical eligibility in authorizing monthly payments.

**Reference:** WAC 388-72A-0060, WAC 388-72A-0040, Memorandum of Understanding Between Home and Community Services and Clark County Regional Support Network and the Consumer Rights and Responsibilities form

## **Procedure:**

1. The designated CCRSN Care Manager shall review the care assessment provided by the Home and Community Services worker and CCRSN data to determine whether the request meets financial and clinical criteria for Mental Health Medicaid Personal Care Services. The potential service recipient must meet the following eligibility criteria in order for services to be authorized:
  - Qualifies for Mental Health Medicaid Personal Care Services due solely to a psychiatric disability
  - Is currently participating in mental health services
  - Have at least three unmet personal care needs
  - Is Medicaid-eligible
  - Would need residential placement if Mental Health Medicaid Personal Care Services were not provided
  - Was authorized for mental health services after June 30, 1995.
2. The CCRSN Care Manager shall contact the HCS worker, or the current mental health provider in order to obtain additional information needed to make a determination about the request for Mental Health Medicaid Personal Care funds.

3. The CCRSN Care Manager shall notify the Home and Community Services worker about the disposition of the request via fax within five working days of its receipt. The CCRSN Care Manager may negotiate with the HCS worker about the number of service hours requested, based on medical necessity.
4. The designated CCRSN Care Manager shall monitor the ongoing eligibility of Medicaid Personal Care Service recipients and shall reconcile monthly invoices submitted by the service provider.
5. The CCRSN Care Manager shall provide oversight of the authorization and eligibility process of Mental Health Medicaid Personal Care Services and participate in coordination of care with Clark County community mental health providers.

Approved By: Michael Piper  
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